

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 13-SEP-2014		TIME 22:12:00	2. ADDRESS OF OCCURRENCE 2349 W LAKE ST CHICAGO, IL 60612				3 LOCATION CODE 304	4 BEAT/OCUR 1223	
MEMBER INVOLVED <input type="checkbox"/> DNA	5. POSITION 9161	6. LAST NAME PASKO	7. FIRST NAME MATHEW J	8. STAR NO 3876	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 510	12. HT. 166	
	14. DATE OF APPT. 28-AUG-2005	16. EMPLOYEE NO. [REDACTED]	18. UNIT & BEAT OF ASSIGNMENT 311 6744E	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	20. LAST NAME FORD	21. FIRST NAME DENZEL	22. M.F. <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	23. SEX BLK	24. RACE 25. D.O.B. [REDACTED]	26. HT. 600	27. WT. 220		
	20. ADDRESS [REDACTED]	20. TELEPHONE NO. [REDACTED]	20. WAS SUBJECT ARMED? OTHER (SPECIFY) OFFICER WITH VEHICLE	21. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	22. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS	34. BY WHOM? [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized	36. APPARENTLY NORMAL <input type="checkbox"/> 01 Apparently Normal	37. UNDER INFLUENCE <input type="checkbox"/> 02 Under Influence				
	38. CHARGES PLACED [REDACTED]	39. DNA	40. CB NO. 18974714	41. IR NO.	42. DNA				
	43. SUBJECTS ACTIONS <input type="checkbox"/> 01 DO NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> 02 STIFFENED (DEAD WEIGHT) <input type="checkbox"/> 03 OTHER _____	44. PASSIVE RESISTER <input checked="" type="checkbox"/> 01 FLED <input type="checkbox"/> 02 PULLED AWAY <input type="checkbox"/> 03 OTHER _____	45. ASSAULT/ASSAULT <input type="checkbox"/> 01 IMMINENT THREAT OF BATTERY <input type="checkbox"/> 02 OTHER _____	46. ASSAULT/BATTERY <input checked="" type="checkbox"/> 01 ATTACK WITH WEAPON <input type="checkbox"/> 02 ATTACK WITHOUT WEAPON <input type="checkbox"/> 03 OTHER _____	47. ASSAULT/DEADLY FORCE <input type="checkbox"/> 01 USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> 02 WEAPON <input type="checkbox"/> 03 OTHER _____				
	48. MEMBERS RESPONSE <input type="checkbox"/> 01 MEMBER PRESENCE <input checked="" type="checkbox"/> 02 VERBAL COMMANDS <input type="checkbox"/> 03 ESCORT HOLDS <input type="checkbox"/> 04 WRISTLOCK <input type="checkbox"/> 05 ARMBAR <input type="checkbox"/> 06 PRESSURE SENSITIVE AREAS <input type="checkbox"/> 07 CONTROL INSTRUMENT <input type="checkbox"/> 08 OC/CHEMICAL WEAPON <input type="checkbox"/> 09 WAUTHORIZATION <input type="checkbox"/> 10 OTHER _____	49. ACTIVE RESISTER <input type="checkbox"/> 01 OPEN HAND STRIKE <input type="checkbox"/> 02 TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> 03 OC CHEMICAL WEAPON <input type="checkbox"/> 04 CANINE <input type="checkbox"/> 05 TASER (Probe Discharge) <input type="checkbox"/> 06 TASER (Contact Skin) <input type="checkbox"/> 07 TASER (Laser Targeted) <input type="checkbox"/> 08 TASER (Span Disposed) <input type="checkbox"/> 09 OTHER _____	50. ASSAULT/ASSAULT <input type="checkbox"/> 01 ELBOW STRIKE <input type="checkbox"/> 02 CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> 03 IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> 04 OTHER _____	51. ASSAULT/BATTERY <input type="checkbox"/> 01 KNEE STRIKE <input type="checkbox"/> 02 KICKS <input type="checkbox"/> 03 IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> 04 OTHER _____	52. ASSAULT/DEADLY FORCE <input type="checkbox"/> 01 FIREARM <input checked="" type="checkbox"/> 02 OTHER _____				
	53. WEAPON DISCHARGE INCIDENT <input type="checkbox"/> 01 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]	40. ADDITIONAL INFORMATION SUBJECT RAMMED HIS VEHICLE INTO MEMBERS VEHICLE.							
	54. POSITION [REDACTED]	55. STAR NO. [REDACTED]	56. UNIT [REDACTED]	57. INCIDENT OCCURRED <input type="checkbox"/> 01 Indoors <input checked="" type="checkbox"/> 02 Outdoors	58. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	59. WEATHER CONDITIONS CLEAR			
60. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	61. MAKE/MANUFACTURER SIGS, L SWISS INDUSTRIAL GESSELLSCHAFT - SIG-Sauer	62. MODEL P229	63. BARREL LENGTH 4.0	64. CALIBER/GAUGE 9 MM					
65. TASER DART ID NO AAU06104	66. WEAPON SERIAL NO. (Include Letters) R002162S	67. CHICAGO GUN REG. NO [REDACTED]	68. FIREARM OWNER ID NO. [REDACTED]	69. HANDGUN CERTIFICATE NO					
70. SPECIAL WEAPON CERTIFICATE NO.	71. PROPERTY INVENTORY NO.	72. TYPE OF AMMUNITION USED Department Issued	73. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	74. TOTAL NO. OF SHOTS MEMBER FIRED 14					
75. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	76. WAS FIREARM RELOADED DURING INCIDENT <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	77. NO. OF CARRIERS/SHOT SHELLS RELOADED 13	78. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST)	79. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO					
80. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	81. SPECIFY METHOD/EQUIPMENT USED TO RELOAD MAGAZINE	82. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-5 FT <input checked="" type="checkbox"/> 02 5-10 FT <input type="checkbox"/> 03 10-15 FT <input type="checkbox"/> 04 OVER 15 FT	83. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	84. EVENT ID 1425616167					
85. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE	86. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-5 FT <input checked="" type="checkbox"/> 02 5-10 FT <input type="checkbox"/> 03 10-15 FT <input type="checkbox"/> 04 OVER 15 FT	87. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	88. DATE REVIEWED 14-SEP-2014 05:12:21	89. TIME 14-SEP-2014 05:12:21					
90. INFO. NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
91. SIGNATURES REPORTING MEMBER (Print Name) PASKO, MATHEW J 14-SEP-2014 05:11:09	STAR/EMPLOYEE NO 3876	SIGNATURE [REDACTED]							
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below									
92. REVIEWING SUPERVISOR (Print Name) FORBES JR, TERENCE P	STAR NO 1432	SIGNATURE [REDACTED]							

HX427436

7-RC-N

1071524
#27

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1) THE DISCHARGE OF A FIREARM OR IMPACT MINIATURES BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBERS USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HEREIN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED UNABLE TO INTERVIEW (Spec. "Not in town")

Subject hospitalized and unable to interview

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time of this report, it is the preliminary determination of the undersigned that Ofc. Pasko, Matthew #3876, acted in compliance with Department Policy. Ofc. Wesselhoff was knocked to the ground, when Offender Ford, Denzel IR#2078314, rammed his vehicle into Ofc. Wesselhoff's vehicle which in turn struck Ofc. Wesselhoff. Ford then reversed his vehicle ramming a second vehicle in and attempt to flee. Ofc. Wesselhoff was on the ground and unable to move and in the direct path of Fords only escape route thus placing him in fear of his life. Ofc. Pasko fearing for his life and also the life of Ofc. Wesselhoff fired his weapon. Log#1071524 U#14-81

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED
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LOG NO/CRN# 1071524 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name) RUIZ, BERSCOTT F	SIGNATURE 	DATE COMPLETED TIME 14-SEP-2014 05:26:46
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79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> I.O.D. REPORT <input checked="" type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TD FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	BO. TOTAL TRR'S THIS EVENT No. 3
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H27